

APPLICATION FOR EMPLOYMENT



Town of Mills
307-234-6679
704 4th Street
Mills, Wy. 82644



APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			Cell Phone						
Social Security #			Driver License #			C.D.L.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Position Applied for					Date Available				
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION									
High School			Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College			Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other			Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES									
<i>Please list three PROFESSIONAL references.</i>									
Full Name			Relationship						
Company			Phone			()			
Address									
Full Name			Relationship						
Company			Phone			()			
Address									
Full Name			Relationship						
Company			Phone			()			
Address									

PREVIOUS EMPLOYMENT									
Company					Phone		()		
Address					Supervisor				
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company					Phone		()		
Address					Supervisor				
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company					Phone		()		
Address					Supervisor				
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
DESCRIBE ANY SPECIALIZED JOB OR MILITARY TRAINING, APPRENTICESHIP, SKILLS, OR ACTIVITIES									
DISCLAIMER AND SIGNATURE									
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>									
Signature						Date			